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## FACSIMILE COVER SHEET

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TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 13

☐ Original documents to follow by mail☒ No originals will be sent

DATE: September 21, 2004

TO: OIPE  
U.S. Patent & Trademark Office

FAX #: 1-703-872-9306

PHONE #:

Application No.: 10/784,008  
Applicant: Adamson et al.  
Due Date: N/A

OUR REF.: 3435.02US01

FROM: Brad Pedersen  
PHONE #: 612-349-5774

Attached please find the following for filing in the above-identified application.

- (1) Preliminary Amendment Transmittal; and
- (2) Preliminary Amendment.

Respectfully submitted,



Brad Pedersen  
Registration No. 32,432

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9306 on the date shown below.

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Brad Pedersen

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Attorney Docket No. 3435.02US01

PRELIMINARY AMENDMENT TRANSMITTAL

In re the application of:

Adamson et al.

Confirmation No.: 6980

Application No.: 10/784,008

Examiner: Not Assigned

Filed: February 19, 2004

Group Art Unit: 3629

For: INTERNET DESTINATION SALES SYSTEM WITH ASP-HOSTED MEMBER INTERFACE

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	21	- 21	= 0	x 9	\$		x 18	\$
Indep.	3	- 3	= 0	x 43	\$		x 86	\$
Mult. Dep.			=	+ 145	\$		+ 290	\$
TOTAL					\$	OR	TOTAL	\$

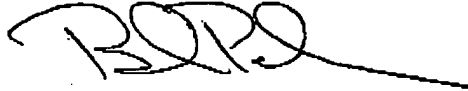
☐ First Presentation of Multiple Dependent Claim (MDC)

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 10/784,008

- [ ] A check in the amount of \$ -0- is attached. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,



Brad Pedersen  
Registration No. 32,432

*Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.*

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Brad Pedersen